

# Prescription Drug Program At A Glance

## For UT CARE Medicare Part D Participants Effective January 1, 2023 - December 31, 2023

<b>Annual Deductible</b>	<b>\$200 per individual per plan year</b>	
<b>Out of Pocket Maximum (OOP)</b>	<b>\$8,700/individual, \$17,400/ family combined with medical</b>	
	<b>Retail Pharmacy Copayment (up to 30 or 90 day supply)</b>	<b>Mail Service Copayment (up to 90 day supply)</b>
<b>Generic Medication</b>	\$10 / \$20	\$20
<b>Preferred Brand Name Medication</b>	\$35 / \$87.50	\$87.50
<b>Non-Preferred Brand Name Medication</b>	\$60 / \$150	\$150

- Your Copayment** UT CARE Medicare Part D has a three-level copayment structure on prescription medications. Under this structure, members pay the lowest copayment for generic medications, a mid-level copayment for brand-name medications *on* the preferred list, and a higher copayment for brand-name medications that are *not* on the preferred list.
- Deductible** Each plan year (January – December), each covered individual will must pay the first \$200 in medication costs. After the \$200 annual deductible is reached, members will be responsible for the copayments listed above. Members who are “aging-in” to the Medicare Part D plan will be given credit for any deductible amounts that were met under the standard UT SELECT plan.
- Out of Pocket Maximum (OOP)** Your Annual OOP max is shared with your medical plan for a total of \$8,700/individual, Maximum OOP \$17,400/family. The annual OOP max is based on the combined accumulation of medical and prescription medication deductibles, copayments and coinsurance.
- Excluded** Participants are responsible for the full cost of medications used in the treatment of excluded Services under the UT CARE plan. The non-preferred copayment will not apply.

**Express Scripts Member Services  
For UT CARE Medicare Part D participants**

1-800-860-7849  
Available 24 hours/day 7 days/week  
<https://www.express-scripts.com/UT>